

**Physician Assistant Committee** 

402 West Washington Street, Room W072 Indianapolis, Indiana 46204

Phone: (317) 234-2060 Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

## **Physician Assistant Renewal**

Your physician assistant license in the state of Indiana expires on June 30, 2014. You may renew your license online at <a href="https://www.pla.in.gov">www.pla.in.gov</a>. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$50.00 to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2014 you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address	, if needed, and p	rovide a <u>cur</u> ı	ent phone num <u>ber ar</u>	nd em <u>ail</u>	addre <u>ss</u>	
Licensee Name	License Number		Expiration Date		Renewal Fee	
				\$50.00		
Street Address						
City	State		Zip Code			
Phone Number	Email Address					
	QUESTIONS					
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been subject to discipline or are formal charges pending?					YES	NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state (including Indiana) or surrendered your license?					YES	NO
3. Since you last renewed, have you been disciplined or terminated by your employer while practicing as a physician assistant, denied staff membership or privileges in any health care facility, have staff privileges been revoked, suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?					YES	NO
4. Since you last renewed, have you allowed your NCCPA certificate to lapse or expire?						NO
5. Are you now being, or have you been treated for or received a diagnosis for drug or alcohol abuse or						
addiction?						
6. Since you last renewed, have you been convicted of, plead guilty or nolo contendere to, or are charges pending for a violation of any Federal, State, or local law related to using, manufacturing, distributing, or dispensing controlled substances?					YES	NO
7. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?					YES	NO
8. Since you last renewed, have your been excluded as a Medicare or Medicaid provider?					YES	NO
9. Do you want to put your license in inactive status? Please see below for inactive information				YES	NO	
LICENSEE AFFIRMATION						
I hereby swear or affirm under the penalties of perjury that I understand the Physician Assistant Committee statutes and rules and have answered the questions true to the best of my knowledge.						ıd
Signature of Licensee	<u> </u>	Date (mon	th, day, year)			

Inactive Status: To renew on inactive status, complete the renewal application and return it a \$25.00 renewal fee. You are not required to have a supervising physician or a current NCCPA certificate while on inactive status. You cannot hold a Physician Assistant CSR on inactive status. This is a renewable status. To come off of inactive status please contact our office.

Visit us at www.pla.in.gov for more information regarding your license, or email the Board at pla3@pla.in.gov.

FOR OFFICE USE ONLY				
Renewal Fee	Receipt No.	Date		